

[REDACTED] by her parents and natural guardians, APRIL BRYANT and WAYNE BRYANT v. The Chiari Institute and North Shore University Hospital, et. al.

Retainer Statement Number & Date Assigned:

NYC OCA 358774 SEP 16 11

Retainer Statement

TO: OFFICE OF COURT ADMINISTRATION
OF THE STATE OF NEW YORK
Post Office Box 2016, New York, N.Y. 10008

1. Date of agreement as to Retainer.

November 3, 2008

2. Terms of Compensation.

- (i) [REDACTED] on the first \$ [REDACTED] of the sum recovered,
(ii) [REDACTED] on the next \$ [REDACTED] of the sum recovered,
(iii) [REDACTED] on the next \$ [REDACTED] of the sum recovered,
(iv) [REDACTED] on the next \$ [REDACTED] of the sum recovered
(v) [REDACTED] on any amount over \$ [REDACTED] of the sum recovered; or,

3. Name and home address of client [REDACTED] Infant, by her parents and natural guardians, April Bryant (Mother) and Wayne Bryant (Father), 2417 E. St., James, Hayden Lake, County of Kootenai, Idaho.

4. If engaged by an attorney, name and office address of retaining attorney N/A

5. If claim for personal injuries, wrongful death or property damage, date and place of occurrence On April 15, 2008 at The Chiari Institute, 865 Northern Boulevard, Great Neck, NY, 11021 and North Shore University Hospital, 300 Community Drive, Manhasset, NY 11030.

6. If a condemnation or change of grade proceeding:

(a) Title and description _____

(b) Date proceeding was commenced _____

(c) Number or other designation of the parcels affected _____

7. Name, address, occupation and relationship of person referring the client www.goldsmithlegal.com

Date: New York, N.Y., 26 day of July, 2011

Print
Or
Type

Yours, etc.

CHRISTINA CTORIDES, ESQ.
GOLDSMITH, CTORIDES & RODRIGUEZ,
L.L.P.

Attorney

747 3rd Avenue, NY, NY 10017

Office and P.O. Address

1st Dist 1st Dept New York County

*Set forth particulars as to the fee arrangement the type of services to be rendered in the matter, the code number assigned to the statement of retainer filed by the retaining attorney and the date when said statement of retainer was filed.

AFFIDAVIT

STATE OF NEW YORK)
 : ss.:
COUNTY OF NEW YORK)

CHRISTINA CTORIDES, being duly sworn, deposes and says:

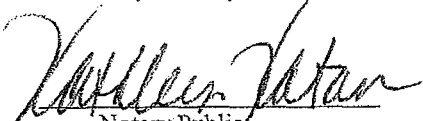
1. I am a member of the firm of **GOLDSMITH, CTORIDES & RODRIGUEZ, L.L.P.**, attorneys for **APRIL BRYANT (Mother)** and **WAYNE BRYANT (Father)**, as parents and natural guardians of [REDACTED].

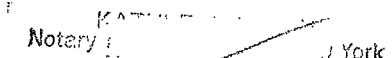
2. That a review of the file in this matter indicates that your deponent's office failed to file a Retainer Statement.

3. That your deponent respectfully begs leave to file said Retainer Statement nunc pro tunc.


CHRISTINA CTORIDES

Sworn to before me this
26th day of July, 2011.


Notary Public


Notary Public, State of New York
Qualified in Orange County
Commission Expires April 30, 2015

KATHLEEN KATAN
Notary Public, State of New York
No. 01KA4795756
Qualified in Orange County
Commission Expires April 30, 2015